



Northeast CAPT News Update

Tania Garcia, Director

IN THIS ISSUE

- Voices from the field
- Research update
- New resources
- Selected upcoming events

VOICES FROM THE FIELD

Underage Drinking: Why Do Adolescents Drink, What Are the Risks, and How Can Underage Drinking Be Prevented?

Alcohol is the drug of choice among youth. Many young people are experiencing the consequences of drinking too much at too early an age. As a result, underage drinking is a leading public health problem in the United States.

Each year, approximately 5,000 young people under the age of 21 die as a result of underage drinking. This includes approximately 1,900 deaths from motor vehicle crashes, 1,600 from homicides, 300 from suicide, and hundreds from other injuries such as falls, burns, and drowning (1–5).

Yet drinking continues to be widespread among adolescents. According to data from the 2005 Monitoring the Future (MTF) study, an annual survey of US youth, three-fourths of 12th graders, more than two-thirds of 10th graders, and about two in every five 8th graders have consumed alcohol. And when youth drink they tend to drink intensively, often consuming four to five drinks at one time. MTF data show that 11 percent of 8th graders, 22 percent of 10th graders, and 29

percent of 12th graders had engaged in heavy episodic or binge drinking.¹

Research also shows that many adolescents start to drink at very young ages. In 2003, the average age of first use of alcohol was about 14, compared to about 17.5 in 1965 (7, 8). People who reported starting to drink before the age of 15 were four times more likely to become alcohol dependent at some point in their lives (9). In fact, new research shows that the serious drinking problems (including what is called alcoholism) typically associated with middle age actually begin to appear much earlier, during young adulthood and even adolescence.

Identifying adolescents at greatest risk can help stop problems before they develop. Innovative, comprehensive approaches to prevention, such as the Massachusetts Saving Lives Program, the Community Prevention Trial Program, Communities Mobilizing for Change on Alcohol, and Project Northland are showing success in reducing experimentation with alcohol as well as the problems that accompany alcohol use by young people.

From: National Institute on Alcohol Abuse and Alcoholism (January 2006). Underage Drinking: Why do adolescents drink, what are the risks, and how can underage drinking be prevented? *Alcohol Alert*, 67.

Available at

<http://pubs.niaaa.nih.gov/publications/AA67/AA67.htm>

References:

¹ The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08 grams percent or above. For the typical adult, this pattern corresponds to consuming five or more drinks (men), or four or more drinks (women), in about two hours within the past two weeks (6).

(1) National Highway Traffic Safety Administration (NHTSA) (2003). *Traffic Safety Facts 2002: Alcohol*. DOT Pub. No. HS-809-606. Washington, DC: NHTSA, National Center for Statistics & Analysis. Available online at: <http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/TSF2002/2002alcfacts.pdf>

(2) Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2004). *Web-Based Injury Statistics Query and Reporting System*. Available online at: <http://www.cdc.gov/ncipc/wisqars/default.htm>

(3) Smith, G. S., Branas, C. C., and Miller, T. R. (1999). Fatal nontraffic injuries involving alcohol: A meta-analysis. *Annals of Emergency Medicine* 33:659-668. PMID: 10339681

(4) Levy, D. T., Miller, T. R., and Cox, K. C. (1999). *Costs of Underage Drinking*. Washington, DC: U.S. Dept. of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Available online at: <http://www.udetc.org/documents/costunderagedrinking.pdf>

(5) Hingson, R. and Kenkel, D. (2004). Social, health, and economic consequences of underage drinking. In R. J. Bonnie and M. E. O'Connell (Eds.), *Reducing underage drinking: A collective responsibility*. Washington, DC: National Research Council and Institute of Medicine, National Academies Press. pp. 351-382. Available online at: <http://www.nap.edu/books/0309089352/html>

(6) Johnston, L. D., O'Malley, P. M., Bachman, J. G., and Schulenberg, J. E. (2005). *Monitoring the Future, National Survey Results on Drug Use, 1975-2004. Volume I: Secondary School Students*. NIH Pub. No. 05-5727. Bethesda, MD: National Institute on Drug Abuse. Available online at: http://monitoringthefuture.org/pubs/monographs/vol1_2004.pdf

(7) Newes-Adeyi, G., Chiung, C. M., Williams, G. D., and Faden, V. B. (2005). *NIAAA Surveillance Report No. 74: Trends in Underage Drinking in the United States, 1991-2003*. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism. Available online at: <http://pubs.niaaa.nih.gov/publications/surveillance74/Underage03.htm>

(8) Substance Abuse and Mental Health Services Administration (SAMHSA). (2003). *Results from the 2002 National Survey on Drug Use and Health: National Findings*. NHSDA Series H-22, DHHS Pub. No. SMA 03-3836. Rockville, MD: SAMHSA, Office of Applied Studies. Available online at: <http://www.oas.samhsa.gov/nhsda/2k2nsduh/Results/2k2Results.htm>

(9) Grant, B. F. and Dawson, D. A. (1998). Age at onset of drug use and its association with DSM-IV drug abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse* 10:163-173. PMID: 9854701.

RESEARCH UPDATE

CDC Releases 2005 Youth Risk Behavior Surveillance Data
<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Fewer U.S. high school students are engaging in health risk behaviors compared to their counterparts from 15 years ago, according to the 2005 National Youth Risk Behavior Survey (YRBS). Despite an overall decrease in health risk behaviors among high school students since 1991, racial and ethnic differences continue to be evident.

Two highlights of the survey involved seat belt use and alcohol use. High school students appear to be getting the message to buckle up. The 2005 National YRBS found only 10 percent of high school students said they rarely or never wore a seat belt when riding in a car, a dramatic decline from the 18 percent in 2003 and 26 percent in 1991. The percentage of students who report current alcohol use has also declined dramatically (43 percent in 2005 vs. 51 percent in 1991) since the first YRBS survey.

In the United States, 71 percent of all deaths among persons ages 10-24 years result from four causes: motor-vehicle crashes, other unintentional injuries, homicide, and suicide. Results from the 2005 national YRBS indicated that many high school students regularly engage in behaviors that increased their likelihood of death from these four causes. Although decreasing from 2003, in the 30 days prior to taking the survey, 9.9 percent of students completing the YRBS had driven a car or other vehicle when drinking alcohol; 43.3 percent

had drunk alcohol; 20.2% had used marijuana; and 18.5 percent had carried a weapon. During the 12 months preceding the survey, 35.9 percent of high school students had been in a physical fight, 8.4 percent had attempted suicide, and 2.1 percent had ever in their lifetime, injected an illegal drug.

NEW RESOURCES

New Co-Occurring Disorders Publications Available at SAMHSA

Approximately 4.6 million individuals in the United States have both mental and substance abuse disorders. However, only a small percentage of these individuals receive treatment that addresses both disorders. To better educate states, communities, and behavioral health care providers, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Co-Occurring Center for Excellence has just released the first of a series of brief publications for treatment professionals on co-occurring mental and substance abuse disorders.

The newly available series includes:

- *Overarching Principles to Address the Needs of Persons with Co-Occurring Disorders*
- *Definitions and Terms Relating to Co-Occurring Disorders*
- *Screening, Assessment, and Treatment Planning for Persons with Co-Occurring Disorders*

These three publications are the first of ten short papers on topics such as epidemiology, treatment, workforce and systems issues, prevention/early intervention, and evaluation/monitoring. The documents are designed for substance abuse treatment counselors and mental health providers who treat one or the other of the two disorders. They will also be useful for administrators, primary care providers, criminal justice staff, and other health care and social service personnel who work with people with co-occurring disorders.

Copies of these publications are available free of charge from SAMHSA's Clearinghouse by calling 800-729-6686 or 301-468-2600, or on the SAMHSA website at <http://www.coce.samhsa.gov>

SAMHSA Releases a Treatment Improvement Protocol (TIP) on Detoxification and Substance Abuse Treatment

SAMHSA recently released a new Treatment Improvement Protocol (TIP 45) entitled "Detoxification and Substance Abuse Treatment." The new TIP contains the latest information on detoxification. According to the new protocol, detoxification by itself does not constitute complete substance abuse treatment. The protocol underscores the importance of linking patients in detoxification with substance abuse treatment services.

TIP 45 also provides up-to-date information on the physiology of withdrawal and pharmacologic advances in the management of withdrawal, patient placement procedures, and suggestions for managing detoxification services within comprehensive systems of care. Additionally, the TIP provides medical information on detoxification protocols for specific substances, as well as considerations for individuals from diverse cultural and ethnic backgrounds or those with co-occurring mental disorders and medical conditions.

TIP 45 is a revision of TIP 19: Detoxification from Alcohol and other Drugs. It is intended for use by substance abuse treatment counselors, administrators of detoxification programs, state agency directors, psychiatrists and other physicians, nurses, psychologists, and clinical staff members working in the field. Other audiences might include primary care providers, staff of managed care and insurance carriers, and others involved in planning, evaluating and delivering services to patients going through detoxification.

TIP 45 is available on the web at <http://www.ncadi.samhsa.gov>. Copies can be obtained free of charge from SAMHSA's National Clearinghouse for Alcohol and Drug Information by calling 800-729-6686.

CASAT's Substance Abuse Prevention Self-Paced Online/Textbook Course Available

Enroll, complete a course, and print your certificate, all via the Internet. You can do this through CASAT Self-Paced Online Courses. The Substance Abuse Prevention Home Study Course contains information about substance abuse prevention, specifically targeted for substance abuse prevention professionals and other professionals in related fields looking for an overview and/or comprehensive review of substance abuse

prevention. The online course is \$144 for 18 contact hours and was created to accompany the textbook, *Substance Abuse Prevention: The Intersection of Science and Practice* (\$53). Visit the CASAT website to enroll and for more information: <http://casat.unr.edu/self-paced/>

SELECTED UPCOMING EVENTS

Upcoming Online Courses

What Now? Effective and Useful Data Presentation
July 17-21

This course is designed to help practitioners organize the data they have collected into a meaningful presentation. It combines readings, online activities, and moderated discussion. Course materials include a case study and sample data presentation, instructions for developing and using detailed charts, an annotated bibliography of evaluation guides and courses, and links to related websites. This is the third of three online courses that address issues related to evaluation.

Involving Youth in Your Substance Abuse Prevention Program
July 31-August 4

This course offers the information and tools practitioners need to involve youth in all aspects of their prevention programs. It describes the many benefits associated with youth involvement in prevention programming and strategies for recruiting young people and creating meaningful activities that will keep them engaged over time. Course materials include planning tools, case studies, and links to related websites.

Effective Strategies: Building Blocks of Prevention
August 7-18

This course is designed to help practitioners incorporate evidence-based strategies into their prevention efforts. It combines readings, online activities, and moderated discussion. Course materials include written and videotaped case studies, 24 related resources and tools, and links to related websites.

For more information on these online events, please contact Melanie Adler at madler@edc.org or 617-618-

2309. To receive information on course registration, go to <http://captus.samhsa.gov/northeast> and add your name to the mailing list.

NECAPT Key Contacts

General Contact

(888) 332-2278

capt@edc.org

Supplements Weed and Seed, Ecstasy, Earmark, Inhalant, and GRAAP

Carlos Pavao

(617) 618-2458

cpavao@edc.org

State Manager – NY, NJ

Deborah McLean Leow

(212) 807-4218

dmclean@edc.org

State Manager – CT, RI, ME, NH, VT, MA

Carol Oliver

(617) 618-2762

coliver@edc.org

State Manager – DE, MD, PA

Carlos Pavao

(617) 618-2458

cpavao@edc.org

Service to Science Academies

Chelsey Goddard

(617) 618-2338

cgoddard@edc.org

Distance Learning

Melanie Adler

(617) 618-2309

madler@edc.org